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APPLICATION NUMBER	FILING/RECEIPT DAT	FIRST NAMED	FIRST NAMED APPLICANT		ATTORNEY DOCKET NO /TITLE	
03/182.933	10/30/98	REITMEIER		G	SAR13070	
WILLIAM J BU SARNOFF CORP	ORATION	0262/1116		NOT AS:	f: f: BIGNED	
PATENT OPERA CN 5300 PRINCETON NJ	•		DATE MAILED:	2766		
		,			11/16/9	

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid

•	1.136(a). If any of items 1 or 3 through 5 are ind	ned by filing a petition accompanied by the extension fee under the properties as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$ 130.00 for a non-small entity, must also be timely submitted in repl	16E 00 6a-a-a-a-
	If all required items on this form are filed wing \square small entity (statement filed) $ ot\!$	thin the period set above, the total amount owed by applicant a I entity is \$/3	s a
	 1. The statutory basic filing fee is: missing. insufficient. 		:
	Such Status (37 CFR 1.27).	to complete the basic filing fee and/or file a small entity state	ment claiming
	2. Additional claim fees of \$, including any multiple dependent claim fees, are required.	•
	\$for	_ independent claims over 3.	,
	for for multiple depende	_ dependent claims over 20.	F
•	Applicant must either submit the addition The oath or declaration: is missing or unexecuted. does not cover the newly submitted in does not identify the application to well does not include the city and state on An oath or declaration in compliance with the above Application Number and Filing 4. The signature(s) to the oath or declaration 1.43 or 1.47. A properly signed oath or declaration in the Application Number and Filing Date, is re-	tems. Anal claim fees or cancel additional claims for which fees are due. Anal claim fees or cancel additional claims for which fees are due. An including residence. An including residence information and identifying the any Date is required. An is/are by a person other than inventor or person qualified under 37 compliance with 37 CFR 1.63, identifying the application by the above equired.	7 CFR 1.42,
•	5. The signature of the following joint inventor	Michael Take	
	inventor(s), identifying this application by	n 37 CFR 1.63 listing the names of all inventors and signed by the or the above Application Number and Filing Date, is required.	mitted
	6. A \$50.00 processing fee is required since	your check was returned without payment (37 CFR 1.21(m)). ause your check was returned without payment. Sequence Rules	
	Direct the reply and any questions about this no	tice to "Attention: Boy Missing Parts"	·····
		notice <u>MUST</u> be returned with the reply.	
	Initial Patent Examination Division (703) 308-12	02	i vietos
	FORM PTO-1553 (REV.9-97)	PART 3 - OFFICE COPY	